

## Individual Inactive Duty Training (IDT) Participation Record

NAME: \_\_\_\_\_ RANK/RATE: \_\_\_\_\_ SSN: \_\_\_\_\_

DATE: \_\_\_\_\_ RUIC: \_\_\_\_\_ UNIT: \_\_\_\_\_

IDT ORIGINALLY SCHEDULED FOR      IDT PERIOD      HAS BEEN CHANGED TO (or)  
ADDITIONAL IDT SCHEDULED FOR      IDT PERIOD

REASON:

1ST

#

IDT ORIGINALLY SCHEDULED FOR      IDT PERIOD      HAS BEEN CHANGED TO (or)  
ADDITIONAL IDT SCHEDULED FOR      IDT PERIOD

REASON:

2ND

#

IDT ORIGINALLY SCHEDULED FOR      IDT PERIOD      HAS BEEN CHANGED TO (or)  
ADDITIONAL IDT SCHEDULED FOR      IDT PERIOD

REASON:

1ST

#

IDT ORIGINALLY SCHEDULED FOR      IDT PERIOD      HAS BEEN CHANGED TO (or)  
ADDITIONAL IDT SCHEDULED FOR      IDT PERIOD

REASON:

2ND

#

IDT ORIGINALLY SCHEDULED FOR      IDT PERIOD      HAS BEEN CHANGED TO (or)  
ADDITIONAL IDT SCHEDULED FOR      IDT PERIOD

REASON:

1ST

#

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ADDITIONAL IDT SCHEDULED FOR      IDT PERIOD

REASON:

2ND

#

COMMENTS:

TASKS AND ACCOMPLISHMENTS:

The IDT periods scheduled above are hereby approved:

I certify that a minimum of four hours were performed  
exclusive of meal for each IDT period.

\_\_\_\_\_  
C.O. or Designated Representative / Date

\_\_\_\_\_  
Mustering Official / Date

Legend:

A - MEMBER ABSENT  
P - MEMBER PRESENT

POSTED TO NSIPS: \_\_\_\_\_  
INITIAL